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# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

Incorporating  
THE LOS ANGELES JOURNAL OF ECLECTIC MEDICINE  
AND THE CALIFORNIA MEDICAL JOURNAL,  
ISSUED MONTHLY

DECEMBER, 1918

O. C. WELBOURN, A. M., M. D., Editor

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We do not propose to enter into the many problems that concern technical Internal Revenue Decisions, but in reply to many questions that reach us from physician patrons regarding the use of alcohol in their practice, we will state as follows:

In our opinion the aim of the Law is to **prevent** beverage alcohol from reaching the public in a **condition** that will enable it to be used as an alcoholic drink. Consequently everyone, including physicians, must conform to the rules, one of which is that only non-beverage alcohol and alcoholic remedies too highly medicated to be employed as a drink, can be used in prescriptions.

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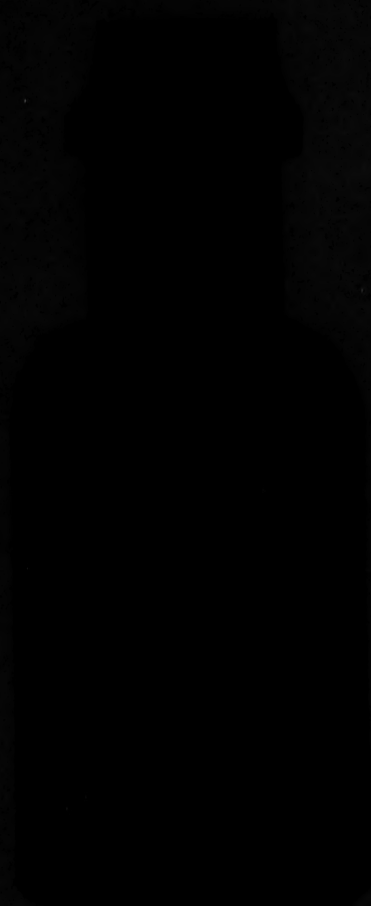
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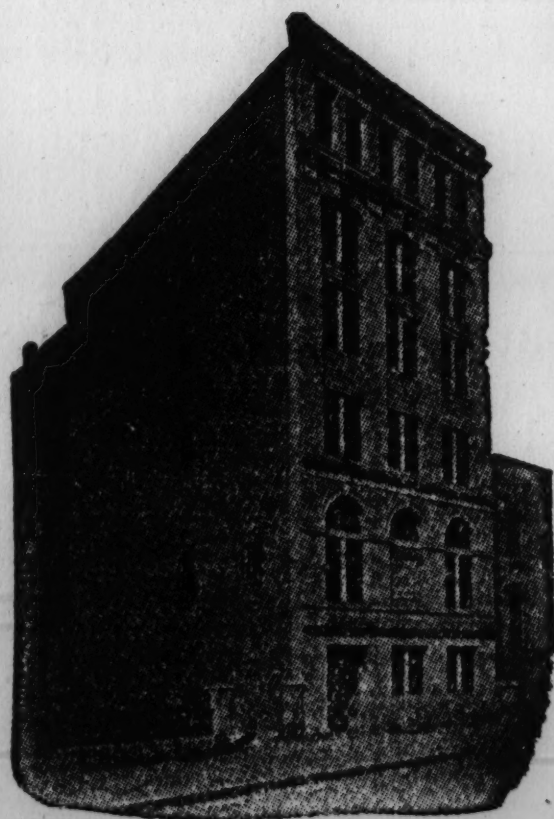
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# The California Eclectic Medical Journal

Vol. ~~XXXIX~~ ~~X~~ 1

DECEMBER, 1918

No. 12

Original Contributions

## A CASE IN PRACTICE

### GASTRIC ULCER, PROLAPSED AND DILATED COLON, WITH RELAXATION OF THE MUCOSA OF THE RECTUM

Ella Mansfield Caryl, D. O., M. D.

Read before the California Eclectic Medical Society.

The best the writer can do with this subject is to give a case history of a patient suffering from the above conditions.

Family History:—Mrs. X., aged thirty-four, was born of a mother who for years had been a neurasthenic. Later in life she developed rheumatoid-arthritis, neuritis and rheumatism. She had been confined to a wheeled chair for several years. The daughter, Mrs. X., had the care of this invalid mother and earned a livelihood by clerical work. She married at the age of twenty-eight and gave birth to one child. The effect of this left her in such a neurotic condition that every little excitement or overwork would cause a severe case of indigestion.

Her system became so overcharged with acid that if she took a drink of cold water or the least bit of acid in the form of fruit of any kind, she would develop gas to such an extent that the pain was excruciating, reflexing to the eyeballs, so that she would have to press on her eyeballs with her fingers to apparently keep them from protruding from their sockets. The same thing would occur upon taking an enema, as all the water would be held in the bowel until it was absorbed on account of the relaxed condition of the mucosa of the rectum, which would fall together, thus preventing the expulsion of the water or feces.

Upon examination, the findings were: gastric ulcer, pro-



lapsed transverse colon, with dilated sigmoid, which seemed to be the seat of the greater part of the trouble. This formed a pouch for the accumulation of undigested food and gas, and it was only upon the most persistent manual effort that the contents could be dislodged. The relaxed condition of the mucosa and slight hemorrhoids in the rectum seemed to be the cause of sciatica in the left leg.

Etiology:—The cause of the above described conditions, to my mind, may be attributed to inherited tendencies, to instability of the nervous system, to an over-active brain and body, which in due time results in affecting the cerebral-spinal and sympathetic nervous systems, causing hyperchlorhydria, gastric ulcer, and acid condition of the intestinal juices, as well as relaxation of the abdominal muscles and ligaments.

Symptoms:—Pain in the stomach after eating and upon pressure; gaseous eructations, borborygmus and pain after eating or when physically or mentally tired, regardless of food, the pain reflexing to the eyeballs and also demonstrated in the form of sciatica. She also suffered with obstinate constipation.

Treatment:—Three osteopathic and massage treatments a week for five months, after which one hour was spent on a couch in the open air and sunshine; standing on the shoulders in bed, with legs up against the wall for a few minutes on retiring, then lying down without standing on the feet again, to overcome the force of gravity, thus throwing the stomach and intestines back into somewhat normal position for the night; injecting into the rectum six drams of equal parts double distilled witch-hazel and water and a pinch of sodium chloride and left to remain until absorbed, to act as an astringent upon the relaxed mucosa of the rectum. This was alternated with four drams of olive oil used in the same way, flaxseed enemas alternated with cool water enema, with a tablespoonful of sodium chloride to the quart. The stomach was lavaged every morning with a cup of hot salt and water.

Diet:—To begin with, for about ten days the diet consisted of the white of an egg and one tablespoonful of lime water three times a day, hot water, flaxseed tea, and slippery-elm bark tea. Later on milk and lime water were added to the diet, with spinach, carrots and biscuits made of Roman meal, baked brown and cut open and toasted until very hard. Shredded wheat biscuits were also used. Poached and soft-boiled eggs, beef tea and a tablespoonful of olive oil four times a day. A little sage and honey was added to sweeten the affair.



Medicine:—Lloyd's specific hydrastis, 2 drops, and xanthoxylum 10 drops, three times a day.

Mental:—Above all, we somewhat succeeded in getting the patient to cease worrying about her invalid mother and other matters of minor importance. Thus we see the power of mind; by dwelling on the negative side of life, it will sooner or later bring the body into diseased and painful condition. It is the business of the physician to not only uphold the patient spiritually and mentally, but to be able to prescribe the most effective regime of living to bring the body back into its natural state and enable the patient to realize that God is in the mineral, vegetable and animal kingdom, as well as in the spiritual, and that it is through the intelligent use of what the Creator has provided for us, that we become healthy, happy and useful citizens and need not wait for the dissolution of this material body to do our bit.

Our patient has gained flesh, her bowels are regular, the sciatica and nervous trouble have practically disappeared, the gastric ulcer has ceased to be, and the sigmoid is acting quite naturally. She has again taken up the duties of her home, and she says she will call a doctor when she needs one; so the doctor has lost her job or position—just as you like.

### INFLUENZA—ITS TREATMENT

Dr. A. S. Tuchler, San Francisco, Cal.

The recent epidemic which we have passed through, has established two things, viz.: the result of the pernicious use of coal-tar derivatives, and the consequent wholesale deaths from their use, and per contra, the successful results obtained by those physicians who are conversant with, and who make use of, the American plant remedies.

The former will certainly reduce the temperature, but will leave the patient with a weak heart, as the following case will show. The writer was called upon in an emergency and in the absence of the attending physician, who could not be reached. The lady's finger-tips were blue as well as her lips, and she expired shortly. A lady friend had observed that her finger-tips were blue three days before she died. The lady had been sick from influenza for about two weeks, and was dismissed as well, by her doctor, the day before. He told her that she could get up the next day, with the result as above stated.

The writer has made use of the same remedies that were used at the time of the influenza epidemic some twenty years



ago. In three weeks, while this epidemic was at its height, we treated on an average of thirty patients daily, at their homes, with temperatures ranging up to 105° F., without having to sign a death certificate.

The following remedies were found to be mostly indicated:—Eupatorium, Bryonia, and Gelsemium, with Aconite and Veratrum, as indicated by the pulse and temperature. The use of the combined influenza vaccine aided materially in obtaining the above result.

In most cases the usual prescriptions were needed, as follows:

No. 1. R. Specific medicine aconite, 5 drops; specific medicine gelsemium, 20 drops; water 4 ounces.

No. 2. R. Specific medicine, bryonia, 10 drops; specific medicine, Eupatorium 3 ss; water 4 ounces.

These two to be given alternately each half hour in teaspoonful doses.

The indications for the coated tongue were met with sodium sulphite or the double sulphites (Burgess), or hydrochloric acid, if an acid was indicated. For the cough, the stillingia liniment tablets (Abbott), or the following:

R. Ammonia chloride, 3 ss; specific medicine sanguinaria, 10 drops; specific medicine lobelia, 30 drops; syrup wild cherry, 4 ounces.

When convalescence is established and to overcome the lack of appetite and weakness, the following is prescribed:

R. Specific medicine nux vomica, 5 drops; specific medicine hydrastis, 30 drops; elixir lactopeptin, 4 ounces. One teaspoonful every three hours.

Also the granules of strychnine arsiniate (Abbott), 4/128 grain, after meals, three times daily.

With the above outline of treatment, the writer has had 100% of cures and a corresponding number of grateful patients.

### TEN YEARS OF THE FOOD AND DRUGS ACT

Ten years of enforcement of the Food and Drugs Act of June 30, 1906, are reviewed in the current annual report of the Bureau of Chemistry, United States Department of Agriculture, which says that the Act's chief contributions to the safety of the people's health have been its corrective effect upon the drug and patent medicine industry, its control of trade in unclean milk, polluted, decomposed or filthy foods, and protection of foodstuffs from contamination with poisons likely to be met in manufacture.



The general effect of the Food and Drugs Act may best be estimated, says the report, by considering its effect upon food and drug control by the States; upon development of the food and drug industries and by the principal ocuses that have been corrected. But to illustrate the scope of the work through figures and facts the report points out that more than 6000 prosecutions have been terminated in the courts in the first decade of the Act; that manufacturers have been cited at hearings more than 40,000 times, that many thousands of factory inspections have been made, and that more than 750,000 shipments of domestic or imported food and drugs have been examined.

Special attention has been given to shipments of polluted or spoiled food. Milk shipped in interstate commerce and imported from Canada has been improved in cleanliness, purity, and the condition of sanitation under which produced. The canning of decomposed navy beans has been largely suppressed. Interstate shipment of oysters from polluted waters has practically ceased. Because of cooperation with State and municipal officials in controlling the shipment of bad eggs, it is reported that the quality of the eggs reaching the large cities is much improved. Other products in whose handling and sale improvement has been noted include mineral water, tomato products, fruit, vinegar and gelatin.

#### States Cooperate with Federal Laws

One consequence of the enactment of the Food and Drugs Act was to encourage similar legislation in many of the States, the purpose of which is to control local traffic in food and drugs, which, since no interstate commerce is involved, are not subject to the Federal law. For example, in 1906, many States had no feeding stuffs laws. A State could not prosecute a manufacturer unless he were a citizen of that state. The Federal law supplements the State law in this respect, and now most of the States have similar laws.

In the beginning the confusion and apparent conflict between local and Federal laws and administration of law not only made it difficult for the two sets of officials to cooperate, but often made it necessary for manufacturers to make special preparations for shipment to certain States at extra cost, the extra cost being passed on to the ultimate consumer. This evil has been remedied to a considerable extent by the organization of two agencies which in a large measure have removed some of the difficulties arising from the conflict of Federal and State jurisdiction. These agencies are (1) The



Joint Committee on Definitions and Standards and (2) The Office of Cooperative State and Federal Food and Drug Control.

### **Development in Food and Drug Industries**

The Food and Drugs Act was one of the first laws which today would be classed as laws for the prevention of unfair competition. The report says that the suppression of fraud upon the consumer and of unfair competition among business rivals are "but the two faces of the same coin." In consequence the food industries are sincerely and actively helping the Bureau of Chemistry to enforce the law.

Frequently, the report says, the Bureau is appealed to by the industries to compel the cessation of unfair practices and to encourage the standardization of the products, when the industry is incapable by itself of bringing about these results. The Act is described as one of the influences which have helped to draw competitors together into association like the guilds of the Middle Ages, although the modern associations lack the special privileges which the ancient guilds often enjoyed.

Some of the associations, understanding the value of constructive work, now devote considerable money to experimental research into technical problems. Thus is made available to the small manufacturer scientific assistance ordinarily beyond his reach. Since the Bureau of Chemistry always has regarded it as its duty not merely to report violations of the law, but also to prevent accidental violations, through constructive work in tending to improve methods of manufacture, it cooperates actively with such associations of manufacturers. Such cooperation, by the various government agencies, says the report, is bound to exert the profoundest influence on the country's industrial and social development.

### **Abuses Corrected by Law**

The best evidence, according to the report, that many of the abuses formerly occurring in the food industry have ceased is found in the fact that the violations of the Food and Drugs Act observed today are hardly comparable, in degree, with those in the first few years following the enactment of the law.

Most of the staple-food products now found in violation either are of a higher grade than formerly or are products of clever adulterators who have more or less anticipated detection so that the adulterations have been found only by the most painstaking chemical analyses and factory inspection.

Consequently there has been a decided change in the direction of the work. In recent years it has developed quite no-



ticeably in the direction of factory sanitation; of the study of spoilage and decomposition of foodstuffs and of improvement through laboratory research of methods of detecting the more refined types of adulteration.

### **SPEECH-READING FOR THE WAR DEAF**

**Clarence John Blake, M. D.**

The study of the means to be employed in dealing with the cases of war deafness, which constitute a part of the disability incident to the struggle which this country has entered, must necessarily include the provision of a substitute, or supplementary, means of communication between individuals other than that through the medium of hearing.

This, whatever the degree or the character of the impairment of hearing, whether it be a total loss of sound perception or a distortion of the auditory impression of the spoken word or sentence is of importance, because it supplies a medium of communication in proportion to the individual need of the patient on the one hand and aids in establishing that sense of helpful relationship which must be one of the welcomes extended to those who have wagered their all in the defense of those principles for which this nation stands and by the preservation of which it continues to exist.

From the point of view of the surgeon, cases of war deafness fall into three general categories: Those in which there has been a previous disease of the ear; those in which the injury to the sound-transmitting apparatus of the ear originated in participation in war; and those in which, without objective structural injury, there has been the establishment of slowly progressive deleterious changes in the deeper-seated portions of the organ of hearing incident to protracted exposure to loud noise. In addition to these, there are the cases of apparently complete loss of hearing, often accompanied by loss of speech and other functional symptoms which are the result of a profound impressionable shock to the nervous system, without auditory implication, for which no aural treatment is required, cases coming directly within the domain of neurology, but offering opportunity for helpful service on the part of the teacher of speech-reading under the direction of the neurologist.

From the point of view of the teacher, the differentiation should be not only that called forth by the degree of impairment of hearing, but by the individual adaptability of the pupil and the degree in which he will need to apply his acquired



facility in the new means of appreciation of the spoken word when he faces the ordeal of trying to again take his place in the wage-earning competition of civil life. In this respect the teacher who can best visualize the influence exerted upon a well stabilized life of peaceful continuity by the interposition of a period of intense excitement and activity and the interjection of visual and auditory impressions of a most subversive character, will be the one to whom the medium of instruction in speech-reading will become the path leading to a broad field of usefulness, not only in helping the returned soldier or sailor, handicapped by an impairment of hearing, to again take his place in community life, but by making the teaching a medium of expression of appreciation of the service rendered.

The learning of speech-reading by the returned soldiers and sailors who need such instruction will be more or less important to all, and absolutely necessary to some, as a part of the effort at rehabilitation, and this work should be undertaken by the teacher chosen for that purpose, under authority, and by all others to whom the chance may later fall, in the true spirit of teaching as a contributive opportunity.

The application of speech-reading to the war deaf who will return to this country for repair, rehabilitation, and re-education can be made to cover a wide, a varied, and a helpful range, according to the degree of impairment, monaural or binaural, the possibility of surgical repair with a view to the betterment of intra-aural sound transmission, the consideration of the concomitant impairment of sound perception and the degree to which the new channel of speech transmission may be available toward putting the very deaf, of war causation, again on the community level on which he previously stood and moved.

The combination of speech-reading with auditory re-education of the war deaf is another form of application of the new class of training—new in the sense of the exigency which has called it forth—and which presents problems urgent for solution to both the surgeon and the teacher beyond those presented by the casualties of civil life. Re-education of hearing has become an important part of the treatment in many forms of chronic and persistent ear disease, and its association with speech-reading, under conditions which shall convey the sound of the speech to the ear, either aurally or by bone conduction and leave the lips of the teacher visible is one of its newer forms now being studied and elaborated. In cases of serious degrees of impairment of hearing the association of the visual and auditory impressions helps also in the formulation of the individual voice.

In cases of middle-ear injury, with the labyrinthine appar-



atus intact, the surgical repair process, including mobilization of the middle ear sound-transmitting apparatus, may be of slow progress or even, because of conditions of disruption, only moderately effective. In such cases the coincident training in speech-reading may be a means of interest and encouragement to the convalescent and, whatever may be the ultimate degree of rehabilitation of his hearing, an addition to his equipment in again taking his place in a working and competitive world.

In those cases beyond repair, those in which the impairment of hearing is absolute, because of the severity of the war injury, and those in which the implication of the labyrinth, in consequence of continued exposure to loud noise, constitutes a permanent defect, training in speech-reading is something more than a crutch—it is a new means of progression.

Many of the war deaf, as the result of long exposure to excessive gun fire and the incident noises of campaign, will be found to hear better, even adequately for ordinary purposes, in the presence of the noise of machinery in motion, of a railway train, or the clangor of a city street, or even under the influence of the mechanical vibration of that comparatively noiseless vehicle, an automobile; but such persons are often distressingly hard of hearing in a quiet place. In such cases, to meet the mutations incident to a change of environment, a knowledge of speech-reading is a constant stay and reassurance to the patient and should be taught with a due estimation of its value in this respect. In the cases of psychic deafness the stimulation of the imitative faculty in speech-reading may be one of the keys which shall help to release the imprisoned consciousness, and when the considerable impairment of hearing, or its total loss, is not the only malady, but is associated with other crippling results of injury, other than loss of sight, the facility with which compensation can be afforded for the former disability will serve as an encouragement to effort in other respects, while even in the case of the blinded deaf, speech-reading by touch may become a medium of communication, as has been demonstrated in pupils of some of our civil institutions.

The demand for this special teaching of speech-reading to meet a vicariously created need suggests its usefulness as a part of the future curriculum of those who are to be of that body of citizens especially devoting their lives to the protection of the peaceful and righteous activities of their fellows, and the ability to translate speech by sight, as well as by hearing, would be a valuable addition to the equipment of all guardians of the public weal and should be seriously considered as a part of the necessary training in selected branches of army and navy and of other public service.—Volta Bureau.



# THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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## RECONSTRUCTION

When our soldier boys come marching home again there will be great rejoicings in this land called America. Kissing and handshaking and good things to eat will be in order, and properly so. Also there will be a lot of scream eagle orations—mostly by men who did not “go over there.” However in due time we shall settle down to the realities of life and take stock of the cost of helping to make the world safe for democracy. Not a few will be remembered because they are absent. Many more will be remembered because they are with us as cripples or invalids. To both classes we are under a righteous obligation to do all that lies within our power to make reparation for the sufferings which they have endured and the sacrifices which they have made. Many of the maimed can be reconstructed, and this must be done. Many of those suffering from chronic diseases can be restored to health, and this must be done. To be sure, many other things must be done to aid and comfort the returning soldier, but the ones above mentioned are strictly within our sphere as medical men, and it



behooves each of us to be ready. Doubtless much of this work will be done under government supervision in government hospitals, but we believe that the greater portion will be done by the family physician in the family home. We suggest, therefore, to the reader that he think the matter over and make whatever preparations his conclusions dictate.

### SHALL WE DISCONTINUE THE STUDY OF THE MATERIA MEDICA AND THERAPEUTICS?

Spending the winter months leisurely, trying to recover health, gives one much time for thought. If I were of proper age and vitality, the greatest pleasure of my life would be to be in the service of my government, trying to do "my bit"—probably in the medical department, where past experience might count for something to qualify me for the great work of caring for the sick and wounded soldiers.

The great war has accelerated in an extraordinary way many kinds of scientific medical research. There has been an enormous expenditure of money as well as a vast amount of personal sacrifice in experimental work. In the private laboratories, and in such establishments as the Rockefeller Institute, the bacteriologists and the medical scientists have worked day and night in the development and manufacture of antitoxins, serums, and other biological products.

The United States war department as well as the war departments of all other countries engaged in the present conflict, depend on the use of these products as preventives, as well as the curative means of treatment of all infectious diseases. According to available reports the results obtained from the use of these biological remedies is wonderful.

Every recruit upon entering the service is treated with an injection of typho-bacterin as a vaccination against typhoid fever. This is repeated at intervals until immunity is obtained. The protection is said to be good for a period of about three years.

If a man has symptoms of typhoid he is injected with a large quantity of the killed typhoid bacteria as a curative treatment. It is said that the killed bacteria, when injected into the blood, assist in creating or producing anti-bodies which assist Nature in eradicating or destroying the disease. The treatment also brings about immunity.

By this method of treatment typhoid fever has been reduced practically to zero among the United States regulars. This disease that might carry off a very large part of our army is



now reduced to such a small number of cases that its effects are negative.

It is to be hoped that the United States army records will prove all this to be true. If so, it will revolutionize the practice of medicine. Every wounded soldier in the armies of France, England and the United States receives injections of tetanus antitoxin, no matter how slight his injuries, as the first aid treatment. It is estimated that more lives have been saved in this way, than have been lost by bullets, shells and gas.

Lobar pneumonia is one of the chief diseases of army life. Soldiers are especially subject to it on account of this exposure to cold, rain and slush, and for lack of sufficient protection by clothing and housing. The mortality rate is high. The United States army is using anti-pneumonia serum for the treatment of pneumonia and also using it extensively for immunization against the disease. It is claimed that through its use the mortality rate has been very greatly reduced.

Spinal meningitis has made a severe attack on our soldiers and has taken a heavy toll. In American cities, before the war, this disease showed a mortality rate of about 90%. Since then, with the use of the anti-meningococcic serum they have been able to reduce the mortality rate to about 30%.

A large percentage of the wounded soldiers have suffered from what has been called gas gangrene. This is probably similar to what has been known as *emphysæmia*. This disease has generally been fatal. In this the causative organisms have been isolated. The germs of this disease have been used in producing an antitoxin for the prevention as well as the cure of the disease.

Diphtheria, scarlet fever, whooping cough, influenza, cerebro-spinal meningitis, common colds, hayfever, catarrh, erysipelas, pyorrhea, dysentery, rheumatism, puerperal fever, septicæmia, smallpox, tuberculosis, boils, and carbuncles, diseases of the colon, genito-urinary disease, acne, bubonic plague, Asiatic cholera, typhus fever, yellow fever, hydrophobia and snake venom, each having a special form of antitoxin, serum or inoculation treatment that is depended upon for prevention or cure. In some of these diseases excellent results are obtained, while in some the results are much in question.

Never before in the history of the world has there been such an opportunity to try out special lines of treatment. The conditions under which our boys are being assembled, and the various stages under which they are developed into fighting forces, the conditions at the front, are presenting all forms of severe manifestations of disease.



The number of men involved gives a very pretentious clinic on which to use the remedies. While some of the unproven remedies may be hard on the individual, still we are expecting much from this line of treatment.

The records made by the medical department of the United States Army will be eagerly sought, and it is hoped that we may gain much from them.—Prof. E. J. Farnum, M. D., Dade City, Fla.

#### Comment

Replying to the query of the title of this paper, Professor Farnum's statements have to deal now with war conditions. True it is that the opportunity of proving the value of vaccines, serum therapy, the influence of antitoxins and their adaptability as prophylactics or as curative agents is the best the world has ever known.

While much good has come about through the use of these measures, many questions are yet unsolved, and doubt is enveloping many previously asserted or declared truths. Out of the mass of theory and by the efforts of conscientious workers, the real truth will yet come, and many of these measures will have a fixed place to mark the real scientific advancement.

While all this is being done for the masses, every thoughtful man will realize that in the family among the quiet home folks the responsibility of the plodding family doctor will meet, as long as man lives on earth, combinations of diseases, evidences of pathology and symptoms impossible to be borne, and usually leading toward a fatal ending, that do not come within the class of definite diseases induced by specific infections to be met with direct antagonists that simply destroy the toxine or the infective bacterium.

From the primary ravages of the infection structural changes from inflammation or other action take place and these are often so great—so extensive—that they cannot possibly be left to nature.

All these and myriads of other minor complaints, so-called, must be either suffered patiently or cured by the home doctor by the old-fashioned, but absolutely correct method of the accurate adjustment of single remedies to exact conditions of disease.

The greatest mistake the profession has ever made has been to disparage the action of internal remedies and to encourage the neglect of the study of the *Materia Medica* and *Clinical Therapeutics* to its fullest extent, in the colleges. Let the reader stop and think a moment of the enormous mortality of children following diphtheria and measles, whooping cough,



cerebro-spinal meningitis, and other of the more frequent infections, after the infection and its toxic products have been destroyed, because sequæla and other conditions have set in. If he can, let him estimate what proportion of his whole duties are involved in the treatment of these conditions and he will soon realize that the study of these and the single remedies that will restore the pathological conditions to health will measure up to as great an importance in the long run, as the determination of the development of the proper vaccine or antitoxine for the masses. Our field is in this study. The other field is vitally important, but the mass of observers are now engaged in it while we have the responsibility of as great, as important a field, right at home, and closer to the mothers and children of the land, than others. Let us "stand pat" and add our work to theirs ultimately, when the truth in both has been determined.—Ellingwood's Therapeutist.

### THE RECOGNITION AND TREATMENT OF FLAT-FOOT

John R. Brooke, M. D.

407 Flanders Building, Philadelphia, Pa.

Flat-foot, weak foot or foot strain as a cause of pain in the lower extremities, or even in the back, is often overlooked. The pain in the feet and legs is usually classed in that rather vague term rheumatism. It is true that foot strain does sometimes favor a mild or subacute arthritis and synovitis, but this is not generally the case.

The rather indifferent attitude taken by the average doctor toward these cases, and his none too careful way of prescribing for them is responsible for the thousand and one arch supporters and other devices so extensively advertised for the magic relief of flat-foot. If there is a distinct flat-foot, a condition that is not very painful, or a pronation of the foot, the deformity is recognized and directions given to go somewhere and get a pair of arch supporters, without much thought as to the condition present, or what is needed to correct it. It is about as reasonable to expect good results from glasses furnished by the average jeweler or pedler in glasses for errors in refraction as it is to secure a satisfactory result in flat-foot by the selection of arch supports in the average shoe store or, where some purchase them, in ten-cent stores.

#### Contributing Causes

The contributing causes of flat-foot are many. Systemic



conditions are often a predisposing factor; toxemias, infection, excessive weight or anything that brings the condition below par may cause muscle weakness and ligamentous relaxation. More cases occur in the spring when the general condition is more likely to be under the normal, and tissues are less resistant to strain. Nurses, clerks in stores, policemen and persons who stand many hours at a time are especially prone. The act of standing is primarily a passive one; as long as an absolute equilibrium is maintained the strain is placed mainly upon the ligaments and slightly upon the taut but inactive muscles. In walking and running, the conditions are reversed; the work is done largely by the muscles, supported to a certain extent by the ligaments; the body weight is sustained through two pillars, the small under surface of the os calcis and the distal end of the metatarsals and the phalanges, these supported by the longitudinal arch of the foot.

The normal plane of weight-bearing should fall from the hip through the center of the patella, the tibia at its lower end, and extend forward through the second toe. If through muscular weakness, relaxed ligaments, knock-knees, faulty shoes or the pernicious habit of toeing out, the line of weight-bearing is thrown inside the normal plane, then undue strain is thrown on the ligaments and fascia on the inside of the foot. This strain is usually shown first as pain at the point of insertion of the planter fascia on the inner and under side of the os calcis.

#### Proper Attitude

The military rule, as well as that taught by teachers of physical training, was that the proper attitude for standing was with the heels near together and the feet diverging at an angle of from 60 to 90°. This attitude of out-toeing is a very prolific cause of foot-strain and later real flat-foot. The force of the body weight is oblique to the foot and an inward cross strain is produced. The position of the leg in which the toes are outside of the line of progression shortens the stride and lessens the important element of thrust. Savages who have never worn shoes toe in and athletes apparently gain in propulsive power by so doing. When the legs are externally rotated the knees are subjected to a twisting force and joint strain and outward rotation of the femur favors a backward rotation of the pelvis on its transverse axis and a consequent decrease of the normal lordosis.

The out-toeing is an important factor in the production of the hallux valgus (bunion), because of the cross strain combined with narrow-toed shoes. Ill-fitting and badly-shaped



shoes, especially with high heels and tightly laced and constricting uppers and narrow toes, place the foot in a cramped position, prevent free muscular activity and produce weakness, atrophy and less of tonicity.

#### Flat-foot in Children

Occasionally we find cases in children due to an attack of infantile paralysis that has gone unrecognized because of its mildness, and just this weakness of the abductors of the foot remains.

#### Early Symptoms

The earliest symptoms of flat-foot is usually a sensation of weakness and discomfort, a tire or strain about the inner side of the foot and ankle, occasionally after long standing, a dull ache in the calf of the leg or pain at the knee or hip, or in the lumbar region. After a time the patient may become aware that he is accommodating his habits to his feet; he rides where he once walked; he sits when he once stood. He no longer runs up and down stairs or jumps off the street car. His feet have lost their spring. There is apt to be pain and sensitiveness at the center or inside of the heel; his shoes are uncomfortable because the weak foot under use is altered in shape so that the shoe that was comfortable in the morning compresses the foot painfully at night, increasing the discomfort from bunions and corns. Coldness, numbness and altered circulation may be present. Actual pain as a rule is felt only when the foot is in use. As the condition progresses the range of motion becomes more and more restricted, muscular spasm holding the feet rigid, then slight sprains from jars are apt to take place and we have some synovitis and perhaps a real arthritis develops. These patients find a foot, especially the heels, sensitive in the morning just on rising and are apt to limp about for a short time, being unable to support their weight.

Pain is sometimes present over the dorsum of the foot and the outside of the ankle where the external malleolus is pressing into the os calcis owing to the abduction of the foot. Cramps in the legs may be present at night and the pain in the foot may continue for hours after the patient retires.

#### Extreme Cases

In the extreme flat-foot the gait is shambling; the feet are pushed by one another in an attitude of eversion, the knees slightly flexed and the weight is borne on the posterior part of the foot. All lightness of step and spring are gone.

One begins the examination of suspected weak foot by not-



ing the manner of walking and standing. The distribution of the weight and the way the foot is used will usually be shown on examination of the shoe. If it is bulged inward at the arch or worn away on the inner side of the sole, it shows foot weakness, and the line of weight-bearing is inside the normal plane and that the foot is working at a disadvantage.

The contour of the normal foot is such that the inner border is curved slightly outward. The feet placed close together, heels and toes in opposition, a slight interval remains between them. If the concavity is replaced by a convexity the foot is weak. Pain in the various locations mentioned is a symptom of overstrain and bears no definite relation to the degree of deformity, the individual with the high arch usually having the most pain. Where the foot is absolutely flat, it is not apt to be painful, although it does greatly alter the gait. The flat-foot in children is often due to defective assimilation and rachitic deformities.

The early acquired type is common at adolescence and is usually due to the muscular weakness and relaxation during the period of rapid growth. This condition needs careful attention at this period or the deformity may be permanent or at least very difficult to remedy after the bones have become fully developed in an abnormal position.

#### Low and Flattened Arches

A foot that has a low arch that does not flatten out under weight-bearing and in which there is no restriction of motion is a useful foot. A foot that shows flattening of the arch under weight-bearing with abduction of the fore-foot and restriction of motion is a useless foot for military service and below par for ordinary use in civil life.

#### Treatment

The principles of treatment which lead to a permanent cure of flat-foot are definite and rather simple, but the application varies according to the severity and duration of the deformity. The foot weak because of inefficient ligaments and muscles to hold it in proper position, must be supported until regenerative changes have taken place. First of all the selection of a proper shoe is necessary. This must be broad enough to contain sufficient space for the independent movements of the toes. It must be sufficiently long; it should be rather snug at the heel and grip slightly at the counter and instep and have a straight inner border. The shape of the sole should correspond to the shape of the foot and the heel should be broad.

In mild cases of weak foot, it is sufficient to raise the inner



border of the shoe to throw the weight a little to the outside. Those that toe-out should be instructed to hold their feet parallel in walking and by crossing their feet when sitting. In standing they should avoid the long continuance of one position.

Exercises are of much value in strengthening the weak muscles of the feet, the adductors and plantar flexors. Tip-toe exercises are particularly useful. The patient standing with heels six or eight inches apart, toes turned slightly in, the weight is raised on the toes, the legs being fully extended at the knees, then dropping down slowly, the weight is thrown on the outside of the foot. In the majority of cases, however, the foot will need some support in addition to the simple measures outlined.

### Braces

A foot brace to be efficient must hold the foot laterally as well as support the arch and must not prevent the normal motions of the foot and thus interfere with the increase of muscular power which is necessary for a cure. The supports ordinarily used do not meet these requirements. The pads and plates support the foot by direct pressure and restrict the motion of the foot. The brace that I wish to call your attention to is one that I have used for some time with the most satisfactory results. It is one designed by Dr. Royal Whitman, of New York; it furnishes the necessary support, it rolls the foot in and does not greatly interfere with the free muscular action. Its action is therefore curative, while the majority are only palliative and after wearing them for an indefinite length of time the condition is not improved and the muscles are weaker and atrophied. Any foot brace to fit well must be made over a plaster cast of the foot. Such a brace should not be applied to a rigid foot because it cannot adapt itself to the support.

To prepare the rigid and deformed flat-feet for the necessary support, it is usually necessary to stretch and correct the deformity under an anesthetic. This can readily be done and plaster of paris applied with the foot in an over-corrected position and held for about three weeks. Then after a little manipulation the plates are applied and the patient is able to go about. In cases where the rigidity is not so marked, strapping the foot in adduction with adhesive plaster gives good result. Support is usually necessary for from three months to a year, or longer, according to the condition present. In certain cases, especially those of traumatic flat-foot, the heel cord is contracted and it is necessary to lengthen the tendo-achilles.



In conclusion, let me say that flat-foot of most any type is amenable to treatment; that definite and positive results can be obtained if attention is paid to some of the details of treatment.—Medical Council.

### SOCIETY CALENDAR

National Eclectic Medical Association meets in Detroit, Michigan, June 18-19, 1918. Dr. W. P. Best, Indianapolis, Ind., President; Dr. H. H. Helbing, St. Louis, Mo., Secretary.

Eclectic Medical Society of the State of California meets in Los Angeles, May, 1918. H. V. Brown, M. D., Los Angeles, Cal., President; A. P. Baird, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in May, 1918. Dr. Clinton Roath, Los Angeles, President; Dr. H. C. Smith, Glendale, Secretary.

Los Angeles Eclectic Medical Society meets at 8 p. m. on the first Monday of each month. F. J. West, M. D., Los Angeles, Cal., President; C. Ohnemüller, M. D., Los Angeles, Secretary.

### NEWS ITEMS

Dr. C. N. Miller has changed his address from 2152 High street to 2032 24th street, Oakland, California.

Dr. John P. Martin has moved from Reno, Nevada, to Stockton, California, P. O. box 198. He expects to be in Los Angeles soon.

Dr. E. L. Smythe, Bremerton, Washington, was granted a commission of First Lieutenant and ordered to Camp Kearney, Cal. The doctor has been very ill with influenza and pneumonia.

Dr. H. C. Smith, Glendale, was offered the commission of First Lieutenant and ordered to Fort Riley, Kansas, to which place he went early last month.

Miss Cora Mathis, who has been the efficient superintendent of the Westlake Hospital for the past three years, has joined the Red Cross and been assigned to the military service at Camp Kearney.

Lieut. S. M. Atkins, well known in Los Angeles, was in the city for a few days last month. He was on a sick leave convalescing from influenza and pneumonia. He is stationed at Camp Cody, New Mexico.



Dr. G. W. Groth, Sierra Madre, has returned to practice after his long severe illness.

Dr. L. S. Welbourn, formerly of Washington, D. C., has gone to Banning, California, to spend the winter.

Married: Dr. E. P. Bailey, Long Beach, and Mrs. Eleanor Mayer of Long Beach, were married in San Diego on October 16th. They will live in Long Beach. The Journal extends congratulations and best wishes.

Dr. W. S. Gibson, Los Angeles, has purchased a new Ford Sedan, in expectation of the winter rains.

Dr. U. C. Coe, formerly of Bend, Oregon, but more recently located in Portland, has been offered the commission of First Lieutenant and ordered to report to the Commanding General of the Western Department.

Died: Mr. Wm. Kafitz, Los Angeles, a retired business man, dropped dead on November 22d. He had been a valued member of the Board of Directors of the Westlake Hospital for a number of years.

Dr. H. T. Webster has changed his address to Townsend Apartments, Oak and Eleventh Streets, Oakland, Cal.

Died: Carey Val Billingsley, M. D., Santa Ana, California, graduate of the California Eclectic Medical College, 1914, died at his home November 3rd, from influenza. Dr. Billingsley left a wife, to whom the Journal extends sympathy.

### THE WITHDRAWAL OF WHISKEY

In withdrawing liquor from men long accustomed to its use, the need for furnishing some support to the nervous system must be taken into consideration. The extreme nervousness following the sudden withdrawal of whiskey must be taken care of until the system has adjusted itself to its loss of alcoholic stimulation, and for the purpose PASADYNE (Daniel) has proven itself of the greatest service. Its administration quiets the disturbed nervous centers, and enables the patient to secure needed sleep. An advantage possessed by PASADYNE (Daniel) is that no habit is formed and no depression follows its use. PASADYNE (Daniel) is simply a pure concentrated tincture of *passiflora incarnata*.

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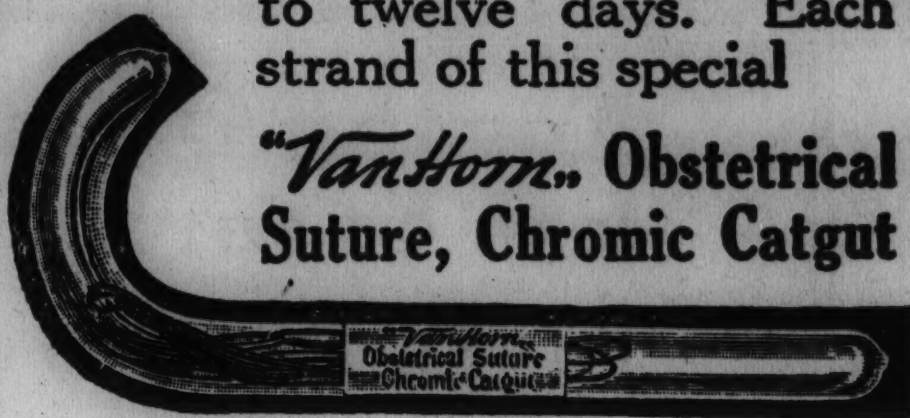
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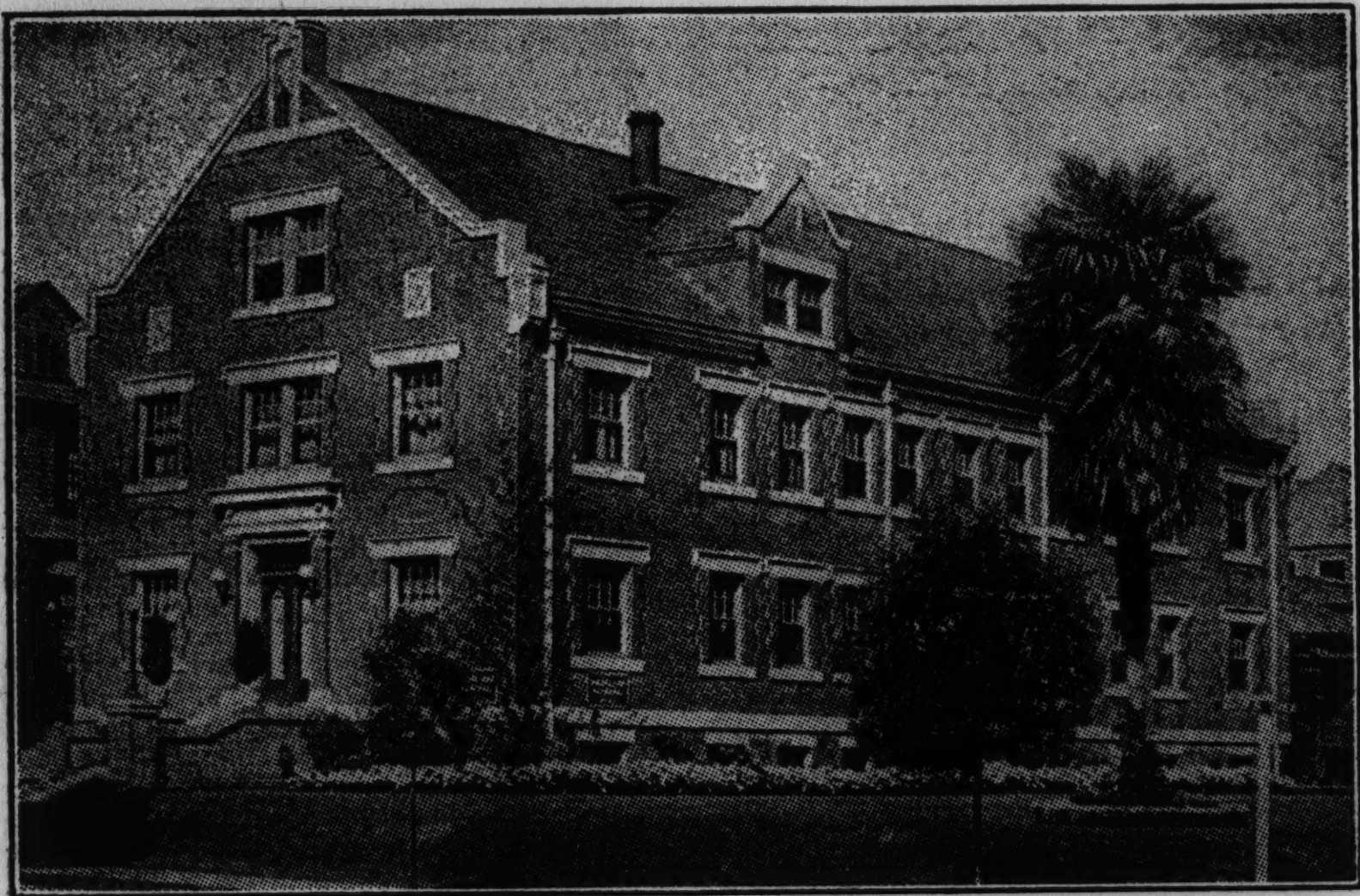
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## Table of Contents

ORIGINAL CONTRIBUTIONS:	Page
Gastric Ulcer, Prolapsed and Dilated Colon, with Relaxation of the Rectum.....	
.....Ella Mansfield Caryl, M. D.	269
Influenza—Its Treatment.....	
.....A. S. Tuchler, M. D.	271
Ten Years of the Food and Drugs Act.....	272
Speech-Reading for the War Deaf.....	
.....Clarence John Blake, M. D.	275
EDITORIAL:	
Reconstruction.....	278
SELECTIONS:	
Shall We Discontinue the Study of the Materia Medica and Therapeutics?.....	279
The Recognition and Treatment of Flat-Foot.....	282
NEWS ITEMS .....	287
ANNUAL INDEX .....	291

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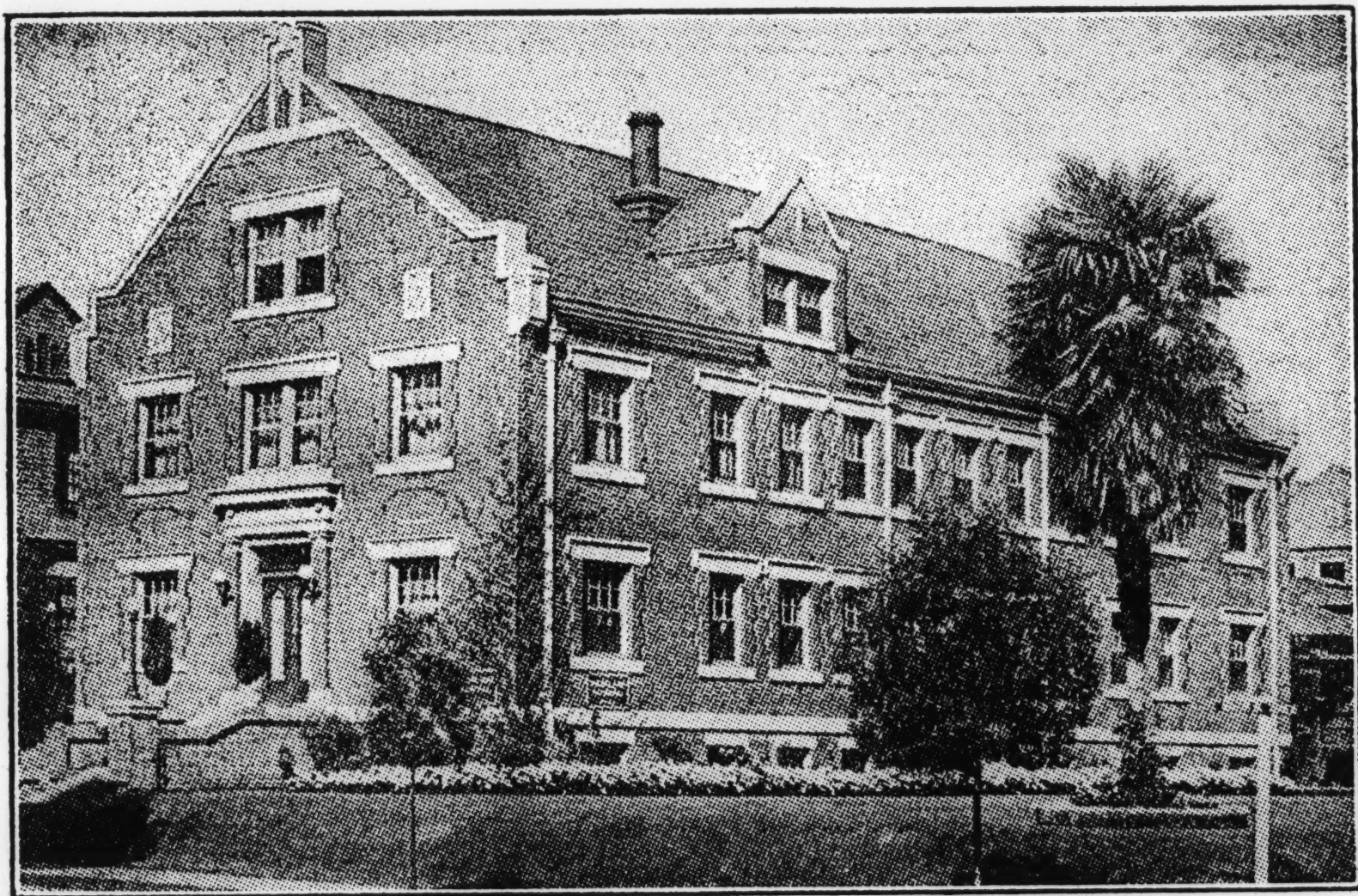
## INDEX TO ADVERTISERS

American Apothecaries Co.....viii	Kress & Owen Co.....vii
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros. ....ii
Battie & Co.....vi	Lloyd Bros. ....x
Bristol-Myers Co. ....v	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xii
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xiii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Books .....v	Purdue Frederick Co.....ix
Eclectic Medical College.....iv	Sultan Drug Co.....xi
Eli Lilly & Co.....Cover 2	Westlake Pharmacy .....xi
Fellows Co. ....Cover 4	Van Horn & Sawtell.....viii, ix
Katharmen Chemical Co.....iii	Westlake Hospital .....xiv



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## Table of Contents

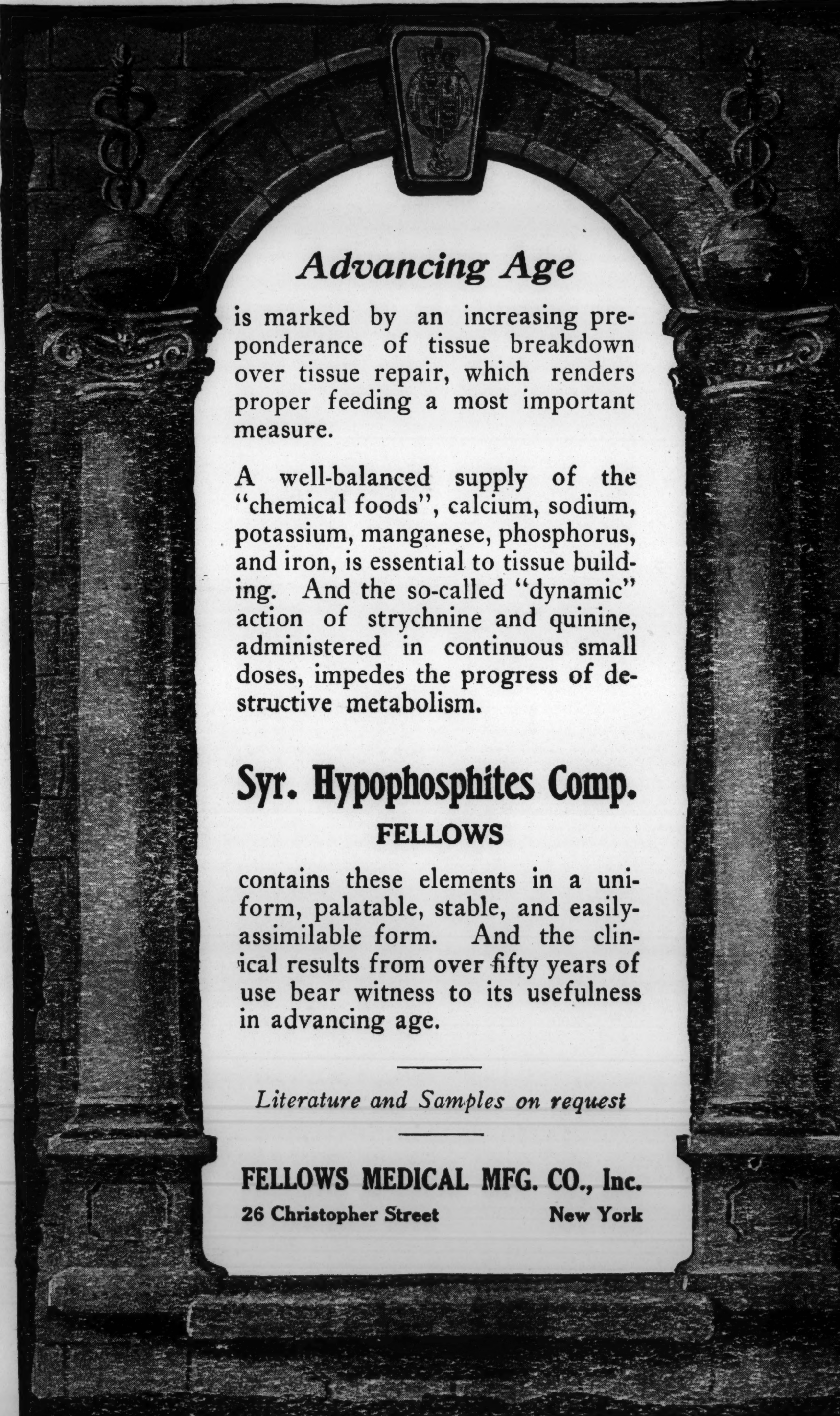
ORIGINAL CONTRIBUTIONS:	Page
Gastric Ulcer, Prolapsed and Dilated Colon, with Relaxation of the Rectum.....	
.....Ella Mansfield Caryl, M. D.	269
Influenza—Its Treatment.....	
.....A. S. Tuchler, M. D.	271
Ten Years of the Food and Drugs Act.....	272
Speech-Reading for the War Deaf.....	
.....Clarence John Blake, M. D.	275
EDITORIAL:	
Reconstruction.....	278
SELECTIONS:	
Shall We Discontinue the Study of the Materia Medica and Therapeutics?.....	279
The Recognition and Treatment of Flat-Foot.....	282
NEWS ITEMS .....	287
ANNUAL INDEX .....	291

---

## INDEX TO ADVERTISERS

American Apothecaries Co.....viii	Kress & Owen Co.....vii
Antiphlogistine, Denver Chem. Co...i	Lloyd Bros. ....ii
Battle & Co.....vi	Lloyd Bros. ....x
Bristol-Myers Co. ....v	National, Wm. N. Mundy, Editor...xii
Chicago Pharmacal Co.....xi	Od Chemical Co.....xii
Dad Chemical Co.....xii	Peacock Chemical Co.....v
Dickinson Drug Co.....v	Pacific Surgical Mfg. Co.....xiii
John B. Daniel.....iv	Parke, Davis & Co.....Cover 1
Eclectic Books .....v	Purdue Frederick Co.....ix
Eclectic Medical College.....iv	Sultan Drug Co.....xi
Ell Lilly & Co.....Cover 2	Westlake Pharmacy .....xi
Fellows Co. ....Cover 4	Van Horn & Sawtell.....viii, ix
Katharmon Chemical Co.....iii	Westlake Hospital .....xiv





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